

TUMORS OF MINOR SALIVARY GLANDS

ABSTRACT

AIM

Salivary gland tumors constitute 3% of all head and neck malignancies. Tumors of minor salivary gland constitute 9-23%. Minor salivary glands are distributed throughout the oral cavity and also in paranasal sinuses. Tumors of maxillary salivary glands are heterogeneous in nature, the etiology of which remains unclear. The aim of this study is to evaluate the surgical, surgical and radiotherapeutic outcome, recurrence and prognosis in patients with maxillary salivary glands tumors.

METHODOLOGY

This study is a prospective and retrospective study of tumors of maxillary salivary glands. The study spreads from 2008-2014. Fifteen patients were treated in our institution, eight patients were males and six patients were females. Adenoid cystic carcinoma represented 6 cases. Mucoepidermoid carcinoma represented 3 cases. Pleomorphic adenoma and inverted papilloma represented 2 cases each. Polymorphous low grade adenocarcinoma and carcinoma EX pleomorphic adenoma represented 1 case each. 11 cases underwent maxillectomy, 4 cases underwent wide local excision. The patients were followed up and details regarding surgical, surgical radiotherapeutic outcomes, recurrence and prognosis were evaluated.

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RESULTS

Palatal tumors are more aggressive. Adenoid cystic carcinoma is associated with distant metastasis and perineural invasion. Mucoepidermoid carcinoma is associated with recurrence. Clear 3- dimensional surgical margins results in good prognosis. T-stage does not influence the surgical outcome. The tumor involvement of nerve, bone, soft tissue and the grade of tumor influence the surgical outcome.

CONCLUSION

Any palatal tumor must be considered as minor salivary gland tumor until proven otherwise. Earlier the treatment initiated better is the prognosis. . Radiotherapy must be included in the treatment of minor salivary gland tumors, so as not to miss any therapeutic benefits, even though controversies exist.

KEYWORDS: Maxillary salivary glands, adenoid cystic carcinoma, polymorphous low grade adenocarcinoma, maxillectomy